

**Sigma Theta Tau International
Chapter Research Grant
Application Form**

1. Date: _____ 2. Title: _____

3. Name of Principal Investigator: _____

Home address: _____

City: _____ State: _____ ZIP/Postal Code _____

Home Phone: _____ Work Phone: _____

4. Registered nurse in state(s) of: _____ License #: _____

a. Sigma Theta Tau member: Yes No Chapter: _____

5. Previous Sigma Theta Tau International Research Awards:

None:

Chapter:

International:

6. Have you applied for or are you now receiving support for this research? Yes No

If yes, list agency: _____ Amount requested/received: _____

If other support is received, please notify _____ Chapter Research Committee Chair.

7. Human subjects review? Yes No Consent form included in proposal? Yes No

8. Co-investigator? Yes No If yes, CV attached

Name: _____ Name: _____

Address: _____ Address: _____

Phone: (H) _____ (B) _____ Phone: (H) _____ (B) _____

9. Information completed by student(s)

Degree sought: _____ Expected date: _____

Specify the amount of the program completed to date: _____

Courses completed are listed in Part III-C of the proposal _____

University: _____ College: _____

Department: _____ Major: _____

Minor(s) (if applicable): _____

Name of Research Advisor, academic credentials (attach CV) and qualifications: _____

Letter from advisor is included in Part III of the proposal:

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10. Total amount of budget requested in US dollars: \$ _____

11. Please check the materials accompanying this application:

- Research Grant Agreement
- Research Grant Proposal
- Other _____

This section below is to be completed by the Chapter.

A. Approval date: _____

B. Award granted: \$ _____

Chapter Research Committee Chair Signature: _____

C. Progress Reports:

Date: _____

Date: _____

Date: _____

Date: _____

Study completed (date): _____

Monies used: _____

Monies returned: _____

Final report date: _____